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APPLICANTS

James Feine, Bellaire, TX;

** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED

** 10/09/2002

** SMALL ENTITY **

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|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY TX | SHEETS DRAWING 10 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 6 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

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TITLE

Dental scaler enhancements

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|------------|--|---|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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